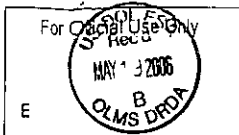


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11455</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>05</u> Through: <u>12</u> / <u>31</u> / <u>05</u>
3. Name and address of person filing. Name <u>Gabriel M. Rosetti Jr.</u> P.O. Box, Bldg., Room No., if any <u>7051 Suite A</u> Street <u>FLY Rd.</u> City <u>EAST SYRACUSE</u> State <u>NEW YORK</u> ZIP Code + 4 <u>13057</u>	4. Name, file number, and address of labor organization. Name <u>CONSTRUCTION AND GENERAL LABORS U33</u> Labor Organization File Number <u>542-966</u> P.O. Box, Building and Room Number, if any: <u>7051 Suite A</u> Street <u>FLY ROAD</u> City <u>EAST SYRACUSE</u> State <u>NEW YORK</u> ZIP Code + 4 <u>13057</u>
5. Position in labor organization. <u>BUSINESS MANAGER</u>	

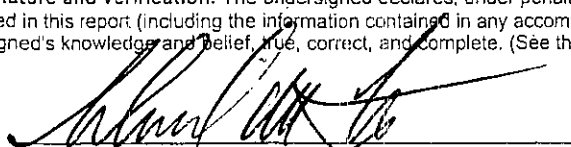
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ _____ _____ 7.b. Amount. _____ _____ _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

5-15-06
Date

315-471-1591
Telephone Number

Name of Person Filing <u>GABRIEL M. ROSETTI JR</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ONONDAGA COUNTY LABORERS' HEALTH
WELFARE, PENSION, BENEFIT AND RETIREMENT

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

7051

Street FLY ROAD

City EAST SYRACUSE

State NEW YORK

ZIP Code + 4 13057

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

TO PROVIDE COVERAGE TO
PARTICIPANTS OF ALL FUND

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

TO ATTEND FUND MEETING
AND EDUCATIONAL CONFERENCES
SEE ATTACHED

12.b. Amount.

\$ 8,145.38

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment

2005 EXPENSES

Name:	Date of Payment	Amount of Payment	Explanation of Expenditure
Gabe Rosetti, Jr. Business Manager	1/20/2005	\$49.50	Training Fund Class Expense
	1/28/2005	\$101.00	Training Fund Class Expense
	1/5/2005	\$1,235.00	Registration & First Night Hotel IFEBP Educational Conference Feb 12-17, 2005 Orlando, FL
	1/28/2005	\$160.30	Airtare for IFEBP Educational Conference Orlando, FL
	2/7/2005	\$2,100.00	Lodging, Car Rental & Meals IFEBP Educational Conference - Orlando, FL Feb 12-19, 2005
	2/24/2005	(\$790.10)	Refund
	3/30/2005	\$42.32	Additional Expense for Lodging IFEBP Conference - Orlando, FL
	Subtotal:	\$2,747.52	
	6/28/2005	\$20.69	Building Supply Expense
	7/6/2005	\$1,550.00	Registration - IFEBP Educational Conference Sept 12-15, 2005 Las Vegas, NV

2005 EXPENSES

Name:	Date of Payment	Amount of Payment	Explanation of Expenditure
Gabe Rosetti, Jr. Business Manager	7/28/2005	\$352.80	Airfare - IFEBP Educational Conference Sept 11-16, 2005
	9/1/2005	\$2,100.00	Expenses - IFEBP Educational Conference - Sept 12-16, 2005 Las Vegas, NV
	9/30/2005	(\$879.34)	Refund
	10/28/2005	\$34.34	Additional Expenses IFEBP Educational Conference - Sept 12-16, 2005 Las Vegas, NV
	Subtotal:	\$3,157.80	
	4/28/2005	\$22.66	Board of Trustees Meeting Feb 22, 2005 Meals - Holiday Inn
	6/27/2005	\$20.77	Board of Trustees Meeting May 24, 2005 Meals - Holiday Inn
	8/25/2005	\$712.50	Board of Trustees Meeting Aug 7-9, 2005 The Otesaga Hotel Lodging & Meals
	8/24/2005	\$44.00	Mileage Reimbursement Board of Trustees Meeting August 7-9, 2005 The Otesaga Hotel Cooperstown, NY

2005 EXPENSES

Name:	Date of Payment	Amount of Payment	Explanation of Expenditure
Gabe Rosetti, Jr. Business Manager	10/21/2005	\$18.00	Board of Trustees Meeting 10/21/2005 Expense
	11/22/2005	\$20.44	Board of Trustees Meeting Nov 22, 2005 Meals - Holiday Inn
	12/7/2005	\$1,235.00	Registration & 1st Night Deposit IFEBP Conference February 23 - March 2, 2006 Hollywood, FL
	12/12/2005	\$265.30	Airfare - IFEBP Conference February 23-March 2, 2006 Hollywood, FL
	12/12/2005	\$30.20	Luncheon - Board of Trustees & Fund Office Staff
	2005 Grand Total:	\$8,445.38	January 1 through December 31, 2005